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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/023,633
Filing Date	12-17-2001
First Named Inventor	Chandrasekaran Gupta
Art Unit	2616
Examiner Name	Richard Chang
Attorney Docket Number	RAZA-07300

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>L. William Caraccio</i>		
Name	L. William Caraccio		
Date	<i>12/28/06</i>	Telephone	(408) 434-5510

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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